DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 2/20/11

PRINTED: 01/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	868 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS A revisit to the Annual Recertification Survey completed January 6, 2011 was conducted at McMinn Memorial Nursing Home and Rehab Center on January 25, 2011, following acceptance of an Allegation of Compliance, with an allegation date of January 21, 2011, to remove the Immediate Jeopardy at F441 Scope and Severity level "K", F490 Scope and Severity level "K", and F520 Scope and Severity level "K". The revisit revealed the corrective actions implemented January 21, 2011, removed the Immediate Jeopardy at F441, F490, and F520, but non-compliance continues at an "E" level scope and severity. The "D" level citations at F157, F279, F281, and F309 remain outstanding. The facility is required to submit a plan of correction for all outstanding citations.	{F 000}		
{F 157} SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).	{F 157}	- The facility does and will require that we notify physicians when there is a change in clinical condition that requires a need to alter treatment. (Such as, elevated blood sugar readings identified in our state survey.) - The physicians of resident # 7 and # 14 were notified of all blood sugar readings over 301 and 400, identified during our state survey, via incident reports filled out 01/14/11 by Audit Nurse and D.O.N. - All physicians that have residents here receiving finger stick blood sugar testing were notified by Administrator of survey findings regarding blood sugar readings during a medical staff meeting on 01/19/11 @ 1200.	01/14/11 01/19/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Robert L Oldham — (X6) DATE

...y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ...her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ...lowing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 ...ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ...ogram participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/26/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 157}	Continued From page 1 The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician when blood sugar values were greater than 400 for two residents (#7, #14) of twenty-six residents reviewed. The findings included: Resident #14 was admitted to the facility on March 12, 2008 with diagnoses including Insulin Dependent Diabetes Mellitus, Leukocytes, Atrial Fibrillation, and Hypertension. Medical record review of the Physician's Orders dated November 1, 2010 through November 30, 2010 revealed " ...Novolog 100 units/ml (milliliter) unit sliding scale <(less than) 60 (blood sugar value) amp (ampule) D50 (50 percent dextrose solution) and juice, 60-80 =1/2 D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 6 units, recheck in 4 hr (hours), 351-400 = 10 units, recheck in 4 hr, >	{F 157}	- All nurses working during our state survey and up to today, 02/01/11, have been advised and counseled of state survey findings regarding not notifying physicians of elevated blood sugar readings on resident #7 and #14 and have been reeducated by D.O.N./ A.D.O.N. regarding notifying physicians orders for changes in clinical status such as high/low blood glucose readings according to physician order. - A formal review/inservice of POC including physicians notification will be held 02/01/11 @ 1400 and 02/02/11 @ 1400 for all charge nurses conducted by D.O.N./A.D.O.N. Any staff unable to attend will be identified and educated upon return to work. - A finger stick 12-hour flow sheet check form was developed on 01/11/11 and all nurses currently working were inserviced on the new audit tool by A.D.O.N. starting 01/11/11 and is ongoing. This tool is being used by each shift to audit blood glucose sliding scale accuracy and physician notification from previous shift. These forms are being turned in each shift to D.O.N./A.D.O.N. who are monitoring daily, Monday – Friday, for completion and compliance. Nurses not working, such as PRN/PT, etc., will be inserviced upon return to work. Data from these audits will be taken to quarterly PI/QA meetings. - All residents currently receiving finger stick blood sugars, as well as, any other residents with new orders for fingersticks or new residents will be added to this audit form.	02/02/11

Robert G Bleha

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 157}	Continued From page 2 (greater than) 400 = 12 units, call MD (Medical Doctor) ...FSBS(Finger stick Blood Sugar) twice a day, 6 a.m., 4 p.m." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated November 2010, revealed five blood sugar readings of over 301 at 4 p.m. on November 11, 16, 21, 22, and 30, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar reading on November 24, 2010 was 421. Medical record review revealed the physician was not notified as ordered. Medical record review of the Physician's Orders dated December 1, 2010 through December 31, 2010 revealed "...Novolog 100units/ml unit sliding scale <60 amp D50 and juice, 60-80 = ½ amp D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 8 units, recheck in 4 hr, 351-400 = 10 units, recheck in 4 hr, >400 = 12 units, call MD ...FSBS twice a day 7 a.m., 4 p.m." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated December 2010 revealed eight blood sugar readings over 301 at 4 p.m. on December 1, 4, 6, 8, 12, 19, 24, and 25, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 were over 400. Medical record review revealed the physician was not notified as ordered.	{F 157}	- Monitoring to be continued by all Charge Nurses (shift to shift), Audit Nurse, A.D.O.N., and D.O.N. (Exhibit 1)	02/02/11

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 157}	Continued From page 3 Interview with the Director of Nursing on January 6, 2011 at 3:30 p.m. confirmed the resident's blood sugar was not rechecked as ordered and the physician was not notified of blood sugars over 400 as ordered. Medical record review revealed Resident #7 was admitted to the facility on April 2000, with diagnoses including Insulin Dependent Diabetes and Aphasia related to a history of Cerebral Vascular Accident. Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Records from July-December 2010 and January 2011 revealed the resident was having blood glucose levels taken by the nursing staff and short acting insulin administered as ordered per the physician's sliding scale. Review of the physician's orders revealed blood sugars were to be checked before breakfast (7 a.m.) and before supper (4 p.m.) and for a blood sugar value of 401-450 the resident was to have 20 units of "Humulin R" (regular/short-acting) insulin administered. Review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 revealed boxed areas for the nurse to fill-in if the MD (Medical Doctor) was notified. Review of the Blood Glucose Tracking Records revealed the following dates when the resident had blood sugar values greater than 401: July 20, 2010 - 4:00 p.m., blood sugar recorded as 421 and under provided documentation box for MD notification the nurse entered no.	{F 157}		

Robert G Peden

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 157}	Continued From page 4 August 18, 2010 - 4:00 p.m., blood sugar recorded as 401 and under provided documentation box for MD notification the nurse entered zero. October 28, 2010 - 4:00 p.m., blood sugar recorded as 434 and under provided documentation box for MD notification the nurse entered zero. November 16, 2010 - 4:00 p.m., blood sugar recorded as 451 and under provided documentation box for MD notification the nurse made no entry. December 25, 2010 - 4:00 p.m., blood sugar recorded as 432 and under provided documentation box for MD notification the nurse entered zero. Interview with the Assistant Director of Nursing (ADON) at 12:00 p.m., on January 6, 2011, in the conference room, revealed the ADON stated, "There isn't a written policy that addresses hypo or hyperglycemia ...for a blood sugar less than 60 or greater than 400 the doctor should be notified ..." Telephone interview, with the resident's physician at 4:30 p.m., on January 6, 2011, verified the nurses were to call for blood sugars greater than 400. During interview, the physician stated, "The goal is to have the blood sugar better regulated ...I will contact the nursing staff about a change in the scheduled insulin doses next Monday."	{F 157}		
{F 279} SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment	{F 279}	- The Care Plan for resident #5 identified during state survey was reviewed and updated to reflect newest assessment and current issues 01/05/11 by Resident Care Coordinator.	

Robert Sheehan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 279}	Continued From page 5 to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to develop an individualized plan of care for one (#5) resident of twenty-seven residents reviewed. The findings included: Resident #5 was admitted to the facility on January 30, 2008, with diagnoses including Insulin Dependent Diabetes, End Stage Renal Disease requiring Hemodialysis, Chronic Obstructive Pulmonary Disease, and Right Below the Knee Amputation. Medical record review of the MDS (Minimum Data Set) dated October 29, 2010 revealed the	{F 279}	- All Care Plans are being reviewed carefully by Interdisciplinary care Plan Team on scheduled review dates beginning 01/11/11, and on going, to assure that resident's cares are being addressed individually and that Care Plan is within correct time frame of latest MDS assessment. - All Kardexes and diagnosis lists are now being reviewed since 01/11/11 along with Care Plans on scheduled review dates. - Copies of all physician orders are being forwarded to Care Plan coordinators to aid in updating individualized Care Plans at time of changes in incidents or conditions. - All staff participating in MDS assessment and Care Plan documentation of resident Care Plans attended teleconference inservice on Care Planning by QSource on 01/27/11 @ 1430. - An inservice reviewing POC regarding Care Plans will be held 02/01/11 @ 1400 and 02/02/11 @ 1400 for all nursing home & rehab staff. Staff unable to attend will be identified and educated upon return to work. - D.O.N., A.D.O.N. and audit Nurse will monitor Care Plans weekly for compliance. (According to review date schedule)	01/27/11 02/02/11

Robert S Bledsoe

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	838 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
(F 279)	Continued From page 6 resident was able to "make self understood" and "understands others". Medical record review revealed the resident had a Left Below the Knee Amputation in 2009. Observation and interview with the resident on January 4, 2011, at 10:20 a.m., in the B-Wing dining room revealed the resident had an indwelling catheter with the drainage bag in a pouch hanging from the side of an electric wheelchair. Interview revealed the resident oriented, alert, and able to answer questions appropriately. Interview and review of the resident's care plan in the conference room at 3:05 p.m., on January 4, 2011, with the assessment/care plan nurse Licensed Practical Nurse (LPN) #3 and the Director of Nursing (DON) confirmed the problems listed on the care plan dated from 2009 and revealed residents' care plans are reviewed "every ninety days" but there are no dates set for "renewed goals" to be achieved. Interview revealed the resident did not have the problem of weight loss (submitted on the Resident Condition Report) identified within the care plan, and also did not have the problem of permanent ureteral stents and chronic indwelling catheter identified and addressed. During interview, the DON verified approaches within the care plan were not individualized. Medical record review of an updated care plan presented to the surveyor by LPN #3 on January 5, 2011, revealed an interdisciplinary team met on January 4 & 5, 2011. Review of the care plan revealed approaches within specific problems were not individualized for the resident as follows: 1) Problems #4 and #13 are both for a	(F 279)		

Robert Baldwin

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 279}	Continued From page 7 therapeutic diet, but neither offer individualized approaches related to the high potassium and phosphorous foods and fluids the renal impaired resident should not receive; 2) Problem #3 - "At Risk for Falls" and Problem #5 - "Self Care Deficit" list approaches, "...assist with...ambulation...use gait belt..." even though the resident is a bilateral amputee in a wheelchair; 3) Problem #8 - "At risk for fluid...abnormalities..." does not include in the approaches the fluid restriction amount (1500cc per the physician's order) and does not define how the restriction is divided between meals, snacks, etc. Interview and review of the resident's care plan at the A-Wing nursing station, on January 5, 2011, at 9:15 a.m., with the resident's assessment/care plan nurse (LPN#3) verified the resident's plan of care did not include the ordered renal diet and restricted food and drinks, failed to define the ordered fluid restriction and a plan to adhere to the restriction, did not include the method of transferring being used (post occupational therapy the month of September 2010), and the use of an electric wheelchair for mobility.	{F 279}		
{F 281} SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to follow physician's orders to recheck blood sugars within four hours when results were elevated for three residents (#4,	{F 281}	- The facility does require staff to follow physician orders. - The physicians involved for the three (3) residents identified during survey (#4, #14, #23) were notified of facility failure to recheck elevated blood sugars in four (4) hours, per incident report 01/14/11 filled out by D.O.N./Audit Nurse. - All charge nurses reviewed the identified missed blood sugar from state survey (residents #4, #14, #23).	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 281}	Continued From page 8 #14, #23) of twenty-seven residents reviewed. The findings included: Resident #4 was admitted to the facility on October 23, 2009 and re-admitted on April 5, 2010 with diagnoses including Diabetes Mellitus Type II, Congestive Heart Failure, and Chronic Kidney Disease. Medical record review of the physician recapitulation orders dated November 1-30, 2010 and December 1-31, 2010 revealed "...Accucheck before meals..." and "Novolog Subcutaneous Sliding Scale Insulin Low Dosing as follows: < (less than) 60 (blood sugar) = AMP(ampule) D50 (concentrated sugar water) and juice; 60-80=1/2 (one-half) AMP D50 and juice; 80-120 = zero units (units of insulin); 121-150 = zero units; 151-180 = zero units; 181-200 = 2 units; 201-225 = 3 units;226-250 = 4 units; 251-300 = 5 units; 301-350 = 6 units (recheck in 4 hours); 351-400 = 7 units (recheck in 4 hours); > (greater than) 400 = 8 units (call medical doctor)." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated November 2010 revealed no documentation the following blood sugar values obtained at 4:00 p.m., were rechecked in four hours: November 3, 2010 - 331 (blood sugar value); November 7, 2010 - 303; November 10, 2010 - 361; November 20, 2010 - 323; November 22, 2010 - 308; November 29, 2010 - 356. Continued review revealed on November 13, 2010 at 4:00 p.m., a blood sugar value of 353 with a recheck value of 353 at 8:00 p.m., (four hours later). Further review revealed no documentation the 353 value obtained on	{F 281}	- All active charge nurses have been reeducated on following physician orders starting 01/07/11 and has been ongoing. PRN and part-time nurses and/or nurses not working during this time frame (01/07/11 thru 02/02/11) have been identified and will be educated by A.D.O.N. and/or D.O.N. upon return to work. - All new physicians orders are being copied with copies going to report book, Care Plan Coordinators, and pharmacy. Audit Nurse is reviewing new orders from report book daily, Monday – Friday as double check. Orders from report book are being removed when one (1) week or older and being turned into D.O.N./A.D.O.N. for review. - A fingerstick 12-hour flow sheet check audit tool was developed and implemented 01/11/11 to use from shift to shift to assess accuracy of fingerstick times, physician notification, and sliding scale issues from previous shift. - All active charge nurses have been inserviced on flow sheet by A.D.O.N. starting 01/11/11 and is ongoing. - These forms are being turned in each shift to D.O.N./A.D.O.N. for review of completion/compliance, daily (Monday – Friday).	

Robert B Belcher

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	866 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 281}	Continued From page 9 November 13, 2010 at 8:00 p.m., was rechecked in four hours. Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated December 2010 revealed no documentation the following blood sugar values obtained at 4:00 p.m., were rechecked in four hours: December 5, 2010 - 305; December 9, 2010 - 319; December 15, 2010 - 309; December 18, 2010 - 34; December 19, 2010 - 336; December 22, 2010 - 345. Continued review revealed on December 11, 2010 at 4:00 p.m., a blood sugar value of 371 with a recheck value of 352 at 8:00 p.m., (four hours later). Continued review revealed no documentation the 352 value obtained on November 13, at 8:00 p.m., was rechecked in four hours. Interview with the Director of Nursing in the conference room on January 5, 2011 at 9:05 a.m., confirmed the facility failed to follow the physician's orders to recheck the blood sugar values of 301-400 in four hours. Resident #14 was admitted to the facility on March 12, 2008 with diagnoses including Insulin Dependent Diabetes Mellitus, Leukocytes, Atrial Fibrillation, and Hypertension. Medical record review of the Physician's Orders dated November 1, 2010 through November 30, 2010 revealed "...Novolog 100 units/ml (milliliter) unit sliding scale <60 (blood sugar value) amp (ampule) D50 (50 percent dextrose solution) and juice, 60-80 = 1/2 D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 8 units, recheck in 4 hr (hours),	{F 281}	- Nurses not working (PRN/PT) will be inserviced upon return to work. Data from these audits will be taken to quarterly PI/QA meetings. - Monitoring to be continued by all charge nurses (shift to shift), audit Nurse, A.D.O.N., and D.O.N. - A formal review of all survey findings and POC will take place 02/01/11 @ 1400 and 02/02/11 @ 1400 for all charge nurses. Staff unable to attend will be identified and educated upon return to work.	02/02/11

Robert B Alden

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	656 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 281}	Continued From page 10 351-400 = 10 units, recheck in 4 hr, >400 = 12 units, call MD (Medical Doctor) ...FSBS(Finger stick Blood Sugar) twice a day, 6 a.m., 4 p.m." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated November 2010, revealed five blood sugar readings of over 301 at 4 p.m. on November 11, 16, 21, 22, and 30, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar reading on November 24, 2010 was 421. Medical record review revealed the physician was not notified as ordered. Medical record review of the Physician's Orders dated December 1, 2010 through December 31, 2010 revealed " ...Novolog 100units/ml unit sliding scale <60 amp D50 and juice, 60-80 = ½ amp D50 and juice, 81-150 = 0 unit, 151-180 = 2 units, 181-200 = 3 units, 201-225 = 4 units, 226-250 = 5 units, 251-300 = 6 units, 301-350 = 8 units, recheck in 4 hr, 351-400 = 10 units, recheck in 4 hr, >400 = 12 units, call MD ...FSBS twice a day 7 a.m., 4 p.m." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record - Part 1 dated December 2010 revealed eight blood sugar readings over 301 at 4 p.m. on December 1, 4, 6, 8, 12, 19, 24, and 25, 2010, with no recheck of the resident's blood sugar as ordered by the physician. Medical record review revealed the resident's blood sugar readings on December 2, 7, 9, 18, 20, 21, and 28, 2010 were over 400. Medical record review revealed the physician was not notified as ordered.	{F 281}		

Robt B Bleher

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 281}	Continued From page 11 Interview with the Director of Nursing on January 6, 2011 at 3:30 p.m. confirmed the resident's blood sugar was not rechecked as ordered and the physician was not notified of blood sugars over 400 as ordered. Resident #23 was admitted to the facility on February 11, 2008 and re-admitted on August 30, 2008 with diagnoses including Insulin Dependent Diabetes Mellitus, Hypertension, Hypothyroidism, and Dementia. Medical record review of the physician recapitulation orders dated December 1-31, 2010 and January 1-31, 2011 revealed "...FSBS (fingerstick blood sugar) before meals and at bedtime...Novolin R Sliding Scale 250-300 = 4 units; 301-350 = 6 units; 351-400 = 8 units; > (greater than) 400 = 8 units recheck in 2 hours...If blood sugar >400 give current insulin according to current SS (sliding scale)-recheck in 2 hr - ok to do this x (times) 3 then notify MD for further orders..." Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated December 2010 revealed no documentation the following blood sugar values obtained at 11:00 a.m., were rechecked in two hours: December 7, 2010 - 436; December 11, 2010 - 487; December 13, 2010 - 473; December 15, 2010 - 437; December 20, 2010 - 496; December 27, 2010 - 452; December 28, 2010 - 440. Continued review revealed no documentation the following blood sugar values obtained at 4:00 p.m., were rechecked in two hours: December 5, 2010 - 457; December 6, 2010 - 438; December 9, 2010 - 492; December	{F 281}		

Robert B Bolton

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 281}	Continued From page 12 11, 2010 - 405; December 20, 2010 - 474; December 22, 2010 - 486. Further review revealed no documentation a blood sugar value of 446 obtained on December 20, 2010 at 9:00 p.m., was rechecked in two hours. Medical record review of the Blood Glucose Tracking/Sliding Scale Insulin Administration Record dated January 2011 revealed no documentation a blood sugar value of 482 obtained on January 2, 2011 at 11:00 a.m., and a blood sugar value of 403 obtained on January 3, 2011 at 4:00 p.m., were rechecked in two hours. Interview with the Assistant Director of Nursing (ADON) in the conference room on January 6, 2011 at 2:15 p.m., confirmed the facility failed to follow the physician's orders to recheck the blood sugar values greater than 400 in two hours.	{F 281}		
{F 309} SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a urological procedure was scheduled for one resident (#5) of twenty-seven residents reviewed. The findings included:	{F 309}	- The facility does and will ensure that the necessary care and services to attain/maintain highest practicable physical, mental, and psychosocial well being are provided. - The consulting physician (Urologist) for the missed appointment on resident #5 that was identified during state survey was contacted 01/07/11 at 1325 by nursing staff to reschedule. On 01/14/11 resident was seen by physician at 0830. On 01/21/11, resident returned to physician for removal of stents.	

Robert Gilbert

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 309}	Continued From page 13 Medical record review revealed Resident #5 was admitted to the facility on January 30, 2008, with diagnoses including Insulin Dependent Diabetes, End Stage Renal Disease requiring Hemodialysis, Chronic Obstructive Pulmonary Disease, and Bilateral Below the Knee Amputations. Medical record review of the MDS (Minimum Data Set) dated October 29, 2010 revealed the resident is able to "make self understood and "understands others". Medical record review revealed transfer orders from the urologist (when resident returned from hospital post bilateral ureteral stent placement on October 4, 2010) included instructions to make arrangements for the resident to return in four months to have the stents "exchanged." Interview in the conference room at 2:30 p.m., on January 4, 2011, with the Director of Nursing (DON) during review of the plan of care dated January 4, 2011, revealed, " Problem #1 - Need for recurrent percutaneous nephrostomy tubes and antegrade stents ...assist with scheduling appointments ... " During interview, the DON stated, " The information needed to arrange for the stents to be replaced is probably on the Kardex. " Observation and interview with the resident on January 5, 2011, at 9:10 a.m., at the A-Wing nursing station, revealed the resident had no knowledge of the need to return to the hospital to exchange the bilateral stents in approximately four weeks. The resident had an indwelling catheter with the drainage bag in a pouch hanging	{F 309}	- All residents having specialty appointments will have appointments booked on desk calendar. All active charge nurses have been re-educated on booking resident appointments on desk calendar and making referral to Social Services for transportation. - All in-house physician orders have an original plus three (3) copies. Copies going to nurse report book, pharmacy (if meds), and Care Plan Coordinators. We will now be copying external orders (such as from specialists, dialysis, wound care, etc.) and handling them the same as the in-house orders with copies going to report book, pharmacy, and Care Plan Coordinators. Appointments will continue to be placed on desk appointment calendar and shift report. - All nurses were made aware of survey findings regarding missing physician appointment, starting 01/07/11 and ongoing. All scheduled nurses educated regarding copying external orders in triplicate starting 01/24/11 and ongoing. The handling of all physician orders was also reviewed at this time. Nurses not working (PT/PRN) will be oriented/educated upon return to work. - Review and inservice of physicians orders and resident appointments for all charge nurses will be held 02/01/11 @ 1400 and 02/02/11 @ 1400 by D.O.N./A.D.O.N. Nurses unable to attend will be identified and educated upon return to work.	02/02/11

Robert B Bolcher

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 309}	Continued From page 14 from the side of the electric wheelchair. Interview revealed the resident was oriented, alert, and able to answer questions appropriately. Interview on January 5, 2011, at 9:10 a.m., at the A-Wing nursing station, revealed LPN (Lisenced Practical Nurse) #1 reviewed the resident's Kardex and the A-Wing scheduling calendar and stated there was no record or instructions pertaining to arranging for the resident to return in four months (from October 4, 2010) to exchange the stents. During interview, LPN #1 stated, " She will need to start making arrangements with her family." Interview with RN (Registered Nurse) #2 at the A-Wing nursing station on January 5, 2011, at 9:10 a.m., verified LPN #1 and RN #2 frequently cared for the resident and neither had known of the need for the resident to return for stent exchanges.	{F 309}	- All nurses are to continue checking physician orders (copies) in report book for at least one (1) week. Audit nurse will continue monitoring new orders Monday -- Friday for compliance. - Physician Order copies (over one (1) week old) from report book will be turned into D.O.N./A.D.O.N at end of each week for review and monitoring. - Audit nurse, A.D.O. N., D.O.N. will monitor for compliance.	
{F 441} SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection	{F 441}	- The facility does maintain an infection prevention and control program and has implemented the practice of cleansing and decontaminating the glucose meter between residents as of 01/05/11. - All residents in the facility affected by glucose meter monitoring were identified. (Exhibit A)	

Robert Bledsoe

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}	Continued From page 15 (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on the Annual Recertification Survey results dated January 6, 2010, the facility failed to follow Standard Precautions (hand washing and wearing gloves) during the performance of routine blood sugar testing. The facility also used blood glucose monitors for testing more than one resident and failed to disinfect the monitors before and after each resident use, potentially exposing sixteen residents (# 4, #5, #7, #12, #13, #14, #15, #16, #17, #18, #19, #20, #21, #22, #23, #24) of sixteen residents reviewed, receiving blood glucose monitoring to the spread of bloodbourne infection in the facility. A revisit was completed at McMinn Memorial Nursing Home and Rehab Center on January 25, 2011, following acceptance of an Allegation of	{F 441}	- Resident #4 continues to have finger sticks performed. The glucose meter has been disinfected before, after, and between residents since 01/05/11 @ 1600. His physician and the Medical Director were notified of survey findings 01/14/11 per incident report filled out by Audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work by facility for resident on 01/18/11 @ 1600 per A.D.O.N. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family was notified of survey findings and change in facility protocol for glucose meter cleansing and disinfecting 01/20/11 by Administrator per letter. - Resident #5 continues to have finger sticks performed by facility. Blood glucose meter has been disinfected before, after, and between residents since 01/05/11 @ 1600. Her physician, also the Medical Director, was notified 01/14/11 of survey findings per incident report, filled out by Audit Nurse and D.O.N. A.D.O.N. offered Hepatitis panel and HIV lab work by facility for resident on 01/18/11 @ 1610. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Resident was notified of survey findings and change in facility protocol for glucose meter cleansing and disinfection of 01/19/11 @ 1600 by D.O.N.	

Robert Bledsoe

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	885 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #7 continues to have finger sticks performed by facility. Blood glucose meter has been disinfected before, after, and between residents since 01/05/11 @ 1600. His physician and the Medical Director were notified 01/14/11 of survey findings per incident report, filled out by Audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 @ 1615 by A.D.O.N. We received orders from him 01/19/11 @ 1010 for lab work for resident and it was performed with negative results. Family notified on 01/20/11 per letter from Administrator of survey findings and facility change in protocol for glucose meter cleaning and disinfection. - Resident #12 continues to have finger sticks performed. The glucose meter has been and is being cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Physician and the Medical Director were notified of survey findings per incident report, filled out by Audit Nurse and D.O.N. on 01/14/11. Physician was offered Hepatitis panel and HIV lab work by facility for resident by A.D.O.N. 01/18/11 @ 1625. Order for lab work received from Medical Director. Results pending at this time. Resident was notified 01/19/11 @ 1530 by D.O.N. of survey findings and facility change in protocol for glucose meter cleansing and disinfection.	

Robert B Pelatson

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #13 continues to have finger sticks performed by facility. The glucose meter has been being cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the facility Medical Director were notified 01/14/11 per incident report, filled out by Audit Nurse and D.O.N., of survey findings. Her physician was offered hepatitis panel and HIV lab work by facility for resident by A.D.O.N. on 01/18/11 @ 1605. Orders received 01/19/11 with results negative. Resident's POA notified of survey findings and facility change in protocol for glucose meter cleansing and disinfecting on 01/17/11 @ 1000. - Resident #14 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician, also the Medical Director, was notified on 01/14/11 by incident report, filled out by Audit Nurse and D.O.N. of state survey findings. On 01/18/11 @ 1610 A.D.O.N. offered Hepatitis panel and HIV lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family (sister) was notified 01/19/11 @ 1430 by D.O.N. of survey findings and protocol change for glucose meter cleansing and disinfecting.	

Robert B Belcher

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #15 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and Medical Director were notified of survey findings on 01/14/11 by incident report, filled out by Audit Nurse and D.O.N., of state survey findings. On 01/18/11 @ 1610 A.D.O.N. offered Hepatitis panel and His lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family (daughter) was notified by D.O.N. 01/19/11 @ 1400 of survey findings and protocol change for glucose meter cleansing and disinfecting. - Resident #16 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the Medical Director were notified of survey findings on 01/14/11 by incident report, filled out by Audit Nurse and D.O.N. On 01/18/11 @1620 A.D.O.N. called physician and offered Hepatitis panel and HIV lab work by facility for resident. New order received for lab work on 01/20/11 AM, results were negative. Family (son) notified by Administrator on 01/20/11 by letter of survey findings and protocol change for glucose meter cleansing and disinfecting.	

Robert G Polston

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #17 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the Medical Director were notified 01/14/11 of survey findings by incident report, filled out by audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 @ 1620. We received order 01/20/11 AM for Hepatitis C and HIV test. Results were negative. Family was notified by Administrator on 01/20/11 by letter, of survey finding and change in protocol for glucose meter cleansing and disinfecting. - Resident #18 continues to have finger sticks performed by the facility. The glucose meter has been cleanse and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and Medical Director were notified on 01/14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. On 01/18/11 A.D.O.N. called physician offering Hepatitis panel and HIV lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family (son) was notified on 01/20/11 by Administrator per letter of survey finding and change in protocol for glucose meter cleansing and disinfecting.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	866 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #19 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the Medical Director were notified on 01/14/11 of survey findings by incident report filled out by audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident on 01/18/11 @ 1605. Order received 01/19/11 AM to do lab work with negative results noted. Resident was notified per D.O.N. on 01/17/11 @ 1130 of survey findings and change in glucose meter cleaning and disinfecting. - Resident #20 continued to have finger sticks until 01/17/11 when she was discharged. The glucose meter was cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician and the Medical Director were notified on 01/14/11 of survey findings by incident report filled out by audit Nurse and D.O.N. On 01/18/11 A.D.O.N. offered physician Hepatitis panel and HIV lab work by facility for resident.	

Robert B Polston

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #21 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician, who is also the Medical Director, was notified on 01/14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. Physician was contacted 01/18/11 @ 1610 by A.D.O.N. and offered Hepatitis panel and HIV lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family notified 01/20/11 by letter from Administrator regarding survey findings and change in protocol for cleansing and disinfecting the glucose meter. - Resident #22 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. Her physician, who is the Medical Director, was notified on 01/14/11 per incident report of survey results. He was contacted by A.D.O.N. on 01/18/11 @ 1610 and offered Hepatitis panel and HIV lab work by facility for resident. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Family was notified 01/20/11 per Administrator letter of survey findings and change in protocol for cleansing and disinfecting of glucose meter.	

Robert A Oldham

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Resident #23 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. The physician and the Medical Director were notified on 01/14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. On 01/18/11 @1600 physician was offered Hepatitis panel and HIV lab work by facility for resident by A.D.O.N. Order for lab work received from Medical Director on 01/21/11. Results pending at this time. Sister-in-law was notified 01/18/11 @ 1315 of survey results and of change in facility protocol for glucose meter cleansing and disinfecting. - Resident #24 continues to have finger sticks performed by the facility. The glucose meter has been cleansed and disinfected before, after, and in between residents since 01/05/11 @ 1600. The physician and Medical Director were notified 01/14/11 of survey findings by incident report filled out by Audit Nurse and D.O.N. Physician was offered Hepatitis panel and HIV lab work for resident by facility for resident with results being negative. Resident was notified 01/19/11 @ 1100 of survey findings and change in glucose meter cleansing and disinfecting protocol by D.O.N. - All pending lab results back as of 01/25/11 with all negative results. - The glucose meter will continue to be disinfected before, after, and in between all current residents receiving finger sticks, for other current residents with new orders and for all new residents coming in who need finger sticks.	

Ralph B Holden

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- The current policy in use, at time of survey, for cleansing of glucose meter (Sure Step Flexx and Equipment Care Policy) was reviewed, revised, and implemented on 01/05/11 to include disinfection of glucose meter between residents. (Exhibit B)	01/05/11
			- A disinfection protocol (step by step) was developed on 01/05/11 and revised 01/17/11 in accordance with CDC guidelines. (Exhibit C)	01/17/11
			- One hundred percent (100%) of active nurses on schedule have been inserviced on proper disinfection of glucose meter as of 01/26/11. Inservices were conducted by A.D.O.N., D.O.N., and/or RN Supervisors who had been trained by A.D.O.N./D.O.N. PRN nurses and nurses missing inservices will be educated by D.O.N., A.D.O.N. or designated RN Supervisors on glucose meter disinfection upon returning to work and before they perform finger sticks. The glucose meter cleansing protocol has been posted at each desk and is taped on treatment cart for further education/assistance to nurses providing the glucose monitoring. Each nurse was advised of protocol posting during inservices and information is being passed on in report. (Exhibit D)	01/26/11

Robert G Pelham

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/27/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	686 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Individually wrapped sani-cloth germicidal wipes that meet CDC guidelines were ordered, 01/06/11, and were available by Thursday 01/13/11 to aid in compliance with this requirement. (large tubs of Super Sani-cloth germicidal wipes have been in place to use since 01/05/11) and are still available. The germicidal wipes will be kept locked on treatment carts and supply rooms. The surface of area wiped must stay visibly wet for two (2) minutes in order for disinfection to occur. This was included in inservices. Timers have been purchased 01/20/11 to time the two (2) minutes and are on treatment carts. - All Nursing Home & Rehab Staff mentioned below were reeducated on standard precautions with emphasis on handwashing and glove wear. (Policies for Standard Precautions and Hand Hygiene were used.) Multiple inservices started on 01/05/11 and have been ongoing for clinical staff, therapy department, housekeeping, and maintenance. Inservices were given by D.O.N., A.D.O.N., RN Supervisors, and therapy department supervisor 100% of active staff inserviced. PRNs and employees not working who missed the inservice have been identified and will be reeducated, one on one, upon returning to work. This will be ongoing. (Exhibit E, Exhibit F, and Exhibit G) - All new hires will be educated on glucose meter disinfection at time of hire (by mentor during orientation and annually with annual education requirements). All staff is educated on standard/universal precautions at time of hire and are required to reeducate annually. This will be ongoing.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- The nurse identified on 01/05/11 by state survey team was counseled by D.O.N. on 01/05/11 @ 1630, one on one, regarding standard precautions, handwashing, and glove wearing. She was also counseled/reeducated by Infection Control nurse on 01/20/11 @ 1330. (She was not in first inservice @ 1400 on 01/05/11 because she was providing patient care at this time. She attended the 1615 inservice.) - Monitoring (Surveillance) of glucose meter disinfection began 01/05/11 and will be performed weekly during all shifts by D.O.N., A.D.O.N., Audit Nurse, Infection Control Nurse, and/or trained RN Supervisors. A log is being kept by A.D.O.N. with all active nurses listed to ensure that each nurse on schedule responsible for finger sticks will be observed at least one time monthly. Education material is available at B-wing desk including: glucose meter disinfection instruction, glucose testing with Sure Step Flexx and Equipment Care Policy, Standard Precautions Policy, Hand Hygiene Policy and other various education material to use for one on one or small group education, reeducation and/or counseling purposes. (Exhibit H)	

Robert Bledsoe

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445277	A. BUILDING _____ B. WING _____	R 01/25/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCMINN MEMORIAL NURSING HOME & REHAB CENTER	886 HWY 411 NORTH ETOWAH, TN 37331

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{F 441}		{F 441}	- Surveillance of handwashing and proper wearing of gloves has already been in place by Infection Control Nurse and will continue and be on going. A log book has now been made 01/20/11 with all active employees listed to ensure that each nursing home & rehab center employee is observed at least one (1) time quarterly and kept by A.D.O.N. Monitoring of handwashing will be done by D.O.N., A.D.O.N., Audit Nurse, Infection Control Nurse and/or trained other staff. (Exhibit I) - Data from surveillance of glucose meter disinfection and handwashing/standard precautions will be reviewed and discussed monthly at nursing home & rehab staff meetings. (Starting 02/01/11 and 02/02/11 at 1400 by D.O.N./A.D.O.N.) Counseling/reeducation and/or disciplinary action will be implemented as necessary. Reports from this meeting will then be taken to PI/QA meetings quarterly (starting 01/27/11) and forwarded to Medical Director and Administrator monthly. The next scheduled PI/QA quarterly meeting will be 04/21/11 @ 1200.	02/02/11

Robert B Holden